



Office of General Services  
Office of Business Diversity

Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

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CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: DM3181C

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: <b>RK Contracting Inc</b> 31 Morris Drive Syosset, NY 11791 Federal ID No.: 47 4731669	Contract Description/Location: Provide Structural Repairs, Basement & Sub-Basement Shirley Chisholm State Office Building Work/Job Order:	Date Proposal Approved: 04/05/2023	Date Printed: 04/05/2023	Bid Date:	SDVOB GOAL  6 %
Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
<b>Whitewood Renovations, LLC</b> 10 Surrey Road, Massapequa, NY 11758 Phone #: (516) 965-1849   Email: whitewood170@gmail.com Federal ID No.: 20-5744500	Provide materials and equipment to job site.	Start date: 05/05/2023	\$225,000		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.	Contractor's Comments:		
Contractor's Signature: <i>ahmed khan</i>			
Enter Name: Ahmed Khan			
Title: Vice President			
E-Mail Address: ahmed@rkcontracting.com	Date: 04/05/2023	<b>FOR OGS USE ONLY</b> <input checked="" type="checkbox"/> Accepted SDVOB % _____ \$ _____ <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued	
OGS Authorized Signature: <i>[Signature]</i>		Enter Name: Shafia Booker	Date: 4/6/2023